



New Customer Information - Account Set-up

Company Name					
Street Address					
City, State, Zip					
Billing Address					
Street Address					
City, State, Zip					
Phone					
E-mail					
E-mail (for invoices)					
Corporation		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Date of Incorporation</td> <td style="width: 40%;"></td> </tr> </table>		Date of Incorporation	
Date of Incorporation					
Partnership					
Sole Proprietorship					
Fed TAX ID # or SSN					
Tax Exempt	yes	no			
If yes, please attach a copy of exemption certificate					

Trade References	
1	
Name	
Address	
City, State, Zip Code	
Phone	
Account #	
Type of Account	
2	
Name	
Address	
City, State, Zip Code	
Phone	

Account #	
Type of Account	

Bank Information

Bank Name			
Address			
City, State, Zip Code			
Phone			
Account #			
Type of Account	Checking	Savings	Other

Company Officers

Officer Name			
Title			
Officer Name			
Title			
Officer Name			
Title			

Additional Information

PO Required	yes	no			
Not to Exceed Limit	yes	no	Amount	\$	
Web Portal Required	Ecotrak	Service Channel	Corrigo	Verisae	Resq

Other Invoicing Instructions

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Agreement

1. By submitting this application/information, you authorize Facilities Management to make inquires into the banking and business / trade references that you have supplied.
2. In order to extend credit the undersigned does hereby absolutely, unconditionally and personally guarantee to Facilities Management the payment of all indebtedness and obligations existing on the date of this application or are incurred after such date. I understand that if all debts are not paid within 30 days (FM) will exercise it's right to file a lien against the property. The obligation hereunder shall be binding on the heirs, administration, successors and assigns of the undersigned.
3. The above named company understands and agrees to the following terms and conditions. All invoices will be paid within 30 days of purchase. Should it become

